

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516767

FILING DATE

APPLICANT(S)

\* sub. spec.

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						
13			1			
14						
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18						
19			1			
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26						
27					1	
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36						
37						
38						
39					1	
40						
41						
42						
43						
44						
45					1	
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			26			